## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	
	C C00571372
Check if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Media Group	08 06 2015
Mailing Address 1020 Princess St.	Amount
City State Zip Code	3300.00
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type  004	08
Name of Federal Candidate Support Office	e Sought: House District:
Jeb Bush Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Media Group	08 06 2015
Mailing Address 1020 Princess St.	
	Amount
City State Zip Code	3300.00
Alexandria VA 22314	Transaction ID : 002  Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ 004	M = M / D = D / Y = Y = Y
Media placement Oatogory 004 Type 004	08 06 2015
Name of Federal Candidate Support Office	e Sought: House District:
Jeb Bush Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	6600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	08
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Right to Rise USA  Check if 24-hour report	BER ▼	
Right to Rise USA  Check if 24-hour report	nation	
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee  Revolution Media Group  Mailing Address 1020 Princess St.	15	
Revolution Media Group  Mailing Address 1020 Princess St.	15	
Mailing Address 1020 Princess St.		
	00.00	
Purpose of Expenditure  Media placement  Category/  Cat	YY	
Name of Federal Candidate  Type 004 08 06 20  Name of Federal Candidate  X Support Office Sought: House District:	10	
Jeb Bush Oppose President Senate State:		
Calendar Year-To-Date Per Election for Office Sought  57300.00  Disbursement For:   2016  Other (specify) ▶	General	
Full Name of Payee  Revolution Media Group  Date of Public Distribution/Disseming to the property of the prope	YYY	
Mailing Address 1020 Princess St.  Amount		
Alexandria VA 22314 Transaction ID : 004	0.00	
Purpose of Expenditure Media placement  Category/ Type  Date of Disbursement or Obligation  Mos M  08  08  08  08  08  08  08  08  08  0	YY	
Name of Federal Candidate    X   Support   Office Sought:   House District:     Jeb Bush   Oppose   X   President   Senate State:		
	General	
	_	
(a) SUBTOTAL of Itemized Independent Expenditures	00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Charles R. Spies [Electronically Filed] Date 08 08 2015		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼	
Right to Rise USA	C00571372	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Date of F	Public Distribution/Dissemination	
Revolution Media Group		
Mailing Address 1020 Princess St.  Amount		
City State Zip Code	3300.00	
Date of D	tion ID: 005 Disbursement or Obligation	
Purpose of Expenditure Media placement  Category/ Type  004  08		
Name of Federal Candidate Support Office Sought:	House District:	
Jeb Bush Oppose X President	Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Othe	or: X Primary General or (specify) ▶	
Full Name of Payee Date of F	Public Distribution/Dissemination	
Mailing Address		
Amount		
City State Zip Code	7	
	Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sought:	House District:	
Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Othor	or: Primary General  or (specify) ▶	
Othe		
(a) SUBTOTAL of Itemized Independent Expenditures	3300.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures	16500.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
[Electronically Filed] Date 08	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		